UNITED STATES ARMY
HEALTH CARE STUDIES AND
CLINICAL INVESTIGATION ACTIVITY

SURVEYS OF RESERVE COMPONENTS ARMY MEDICAL PERSONNEL

A. David Mangelsdorff, Ph.D., M.P.H.
Patricia A. Twist

U.S. Army Health Care Studies and Clinical Investigation Activity
U.S. Army Health Services Command
Fort Sam Houston, Texas 78234-6060

COL Gerald R. Moses, Ph.D.

Senior Army Reserve Advisor
U.S. Army Health Services Command
Fort Sam Houston, Texas 78234

LTC Sydney R. Decker
MAJ Sam Hansus
Academy of Health Sciences
Fort Sam Houston, Texas 78234

Health Care Studies and Clinical Investigation Activity
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Headquarters, U.S. Army Health Services Command (HQ HSC) and the Academy of Health Sciences (AHS) requested assistance in the development and scoring of questionnaires to access attitudes of Army medical department (AMEDD) personnel in the Individual Ready Reserve (IRR) and retired reservists.

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A. David Mangelsdorff, Ph.D., M.P.H.	(210) 221-0671	HSHN-T

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TABLE OF CONTENTS

SURVEY OF MOBILIZED RESERVE COMPONENTS ARMY MEDICAL PERSONNEL

Headquarters, U.S. Army Health Services Command (HQ HSC) and the Academy of Health Sciences (AHS) requested assistance in the development and scoring of questionnaires to assess attitudes of Army medical department (AMEDD) personnel in the Individual Ready Reserve (IRR) and retired reservists.

METHOD

Subjects

Survey packets were sent from AHS to individual reservists during summer and fall 1990. For the IRR personnel, 25,500 surveys were sent. For the retired reservists, 12,800 surveys were mailed.

Procedure

Forms were color coded for officers and enlisted personnel as well as for IRR and retirees. The Annex contains the survey questions. Postage paid postcards were printed with the survey items. Surveys were returned to AHS for collection. Surveys were edited for analyses. Descriptive and comparative statistics were calculated.

RESULTS

OVERVIEW

Descriptive statistics were calculated. The sample demographics were summarized. Overall levels of ratings were described. The results for the IRR and retirees are described separately. Percentages of responses are reported.

INDIVIDUAL READY RESERVE SURVEY

Usable surveys were received from 3,782 enlisted and 4,775 officer personnel. Other surveys were returned of which 500 were unusable and 4,275 were undeliverable. Summary statistics for the rated items are found in Table 1. Personnel were grouped according to rank (see Table 1) and occupational specialty (see Table 2).

While IRR officers reported the skills necessary for their civilian job were the same as their AMEDD specialty (48.6%), the enlisted reported their civilian skills were different (58.3%). The officers were more likely to report being proficient to perform their military specialty (76.3%). Officers maintained their licensure/registration in their specialty (78.0%) more than enlisted (24.2%). The officers had acquired new skills which would enhance their military performance (47.2%). The current health/ability to perform duties was reported as good/excellent by 86.7% of officers and 77.2% of the enlisted. The last physical exam was within four years for 84.6% of the officers and 91.0% of enlisted. Those qualified for a mobilization exemption included 29.8% of officers and 37.6% of enlisted. Similarly, those not able to report if mobilized were 23.8% officers and 27.1% enlisted. During the last four years, 60.0% of officers and 66.5% of enlisted had participated in military/medical training. The training was reported as valuable/very valuable to skills by 87.0% of officers and 77.4% of enlisted.

In terms of occupational specialty, groups were separated by corps into physicians (MC), dentists (DC), nurse (NC), administrative medical service corps (Admn MSC), and provider medical service corps (Prvd MSC). Among the specialty groups, the dentists reported the highest percentage being ready to perform their medical specialty in terms of having civilian skills comparable to their military specialty (84.7%) and reporting being able to perform proficiently/ very proficiently (90.8%). The dentists, nurses, and physicians maintained their licensure/registration at 97.0% and greater. Almost all groups reported their current health/ability to perform as good/excellent at the 80% level. A physical exam was conducted within four years for almost 80% of the groups. High percentages of physicians and nurses were most likely to qualify for a mobilization exemption (40%). The physicians, nurses, and dentists (30% and more) stated not being able to report if mobilized. The physicians were the least likely to have participated in military/medical training during the last four years (less than 53%).

RETIREE RECALL SURVEY

Of the 4,093 retired officer surveys sent, 3,414 were returned. Of the 8,707 enlisted retiree surveys mailed, 6,084 were returned. An additional 982 surveys were undeliverable and 280 were unusable. Personnel were grouped according to rank (see Table 3) and occupational specialty (see Table 4).

Among the retired recall respondents, only 25% of the enlisted and 47% of the officers had retired/separated from the military within the last five years. The retired officers reported the skills necessary for their civilian job were the same as their AMEDD specialty (43.9%), the enlisted reported their civilian skills were related (61.2%). The officers reported being more proficient to perform their military specialty (77.0%). Almost 75% had recall (hip pocket orders). The officers were more ready to perform medical duties without a train-up period. Officers maintained their licensure/registration in specialty (55.7%) more than enlisted (19.5%). Neither group had significantly acquired new skills. The current health/ability to perform duties was reported as good/excellent by 80.0% of officers, but only 66.0% of enlisted. If mobilized, 90% of both officers and enlisted were able to report. Those qualified for a mobilization exemption included 18.6% of the officers and 28% of the enlisted.

A break down by occupational specialty among the retired officer groups revealed few professional personnel had retired within the past five years. The dentists reported highest percentages of having civilian skills comparable to their military skills. The lowest percentage able to proficiently perform their military specialty were nurses (68.7%) and physicians (75.7%); they were also the groups most in need of a training period to regain skills. The physicians, nurses, and dentists maintained their licensure/registration. Except for nurses, all groups reported their current health/ability to perform as good/excellent (75% level). The physicians, nurses, and dentists stated not being able to report if mobilized.

DISCUSSION

Of those responding to the IRR survey, most IRR AMEDD officers had maintained their ability to perform in their military medical specialty and reported their current health/ability as good/excellent. Most IRR officers had participated in military/medical training. Most IRR personnel had maintained the licensure/registration in their specialty and some had acquired new skills. Enlisted IRR respondents reported lower percentages of readiness and higher numbers not being able to report/perform their duties if mobilized.

Similar findings were reported in the Retiree Recall survey, though the retired reserves indicated even less preparedness if mobilized than the IRR personnel. Of particular concern were the percentage of retired enlisted in less than good/excellent health, those lacking current training, or having mobilization exemptions.

The responses indicated most IRR and retirees were generally ready to perform in their military specialties if mobilized. However, there could be problems if large numbers of reservists and retirees were mobilized for active duty.

CONCLUSIONS

Most AMEDD IRR and retirees were generally ready to perform if mobilized. The retirees were less prepared than the IRRs.

If large numbers of AMEDD individual ready reservists and retirees were mobilized, significant numbers of personnel would be unable to perform their military medical specialties because of poor health, lack of training, or exemptions.

RECOMMENDATIONS

If AMEDD reservists were needed to support a mobilization, planners must anticipate significant numbers of personnel being unable to perform their military medical specialties because of poor health, lack of training, or mobilization exemptions.

Table 1
Individual Ready Reserve Survey (Percent Responses) by Rank

	Officer (4,775)	Enlisted (3,782)
Skills necessary for civilian job:		
same as AMEDD specialty	48.6	15.5
different from AMEDD spec	19.3	58.3
related	32.1	26.2
Ability to perform military specialty:		
profic/most proficient	76.3	55.2
Maintained licensure/registration in specialty:		
yes	78.0	24.2
Acquired new skills which would enhance your military performance:		
yes	47.2	37.6
Current health/ability to perform:		
good/excellent	86.7	77.2
If mobilized, reporting availability:		
5-9 days	22.5	22.6
10-19 days	19.1	18.7
20-30 days	34.5	31.7
not able to report	23.8	27.1
Qualify for mobilization exemption:		
hardship/dependency	14.7	16.3
medical disqualification	4.9	6.6
special mobilization criteria	1.2	1.8
other	9.0	12.9
do not qualify for exemption	70.2	62.4
Last physical exam within		
1-2 years	56.4	64.4
3-4 years	28.2	26.6
over 4 years	15.4	9.0
Times in last 4 years talked to PMO/career counselor at ARPERCEN:		
0	35.7	50.9
1-2	25.4	28.5
3 or more	38.9	20.6
Times in last 4 years participated in military/medical training:		
0	40.0	33.5
1 or more	60.0	66.5
How valuable was training to skills:		
very valuable/valuable	87.0	77.4

Table 2
Individual Ready Reserve Survey (Percent Responses) by Specialty

	MC (469)	DC (313)	NC (419)	Admn MSC (719)	Prvd MSC (398)
Skills necessary for civilian job:					
same as AMEDD specialty	67.0	84.7	38.8	13.0	51.0
different from AMEDD spec	5.4	3.5	15.4	55.6	15.1
related	27.5	12.3	45.9	31.4	33.8
Ability to perform military specialty:					
profic/most proficient	77.2	90.8	69.3	68.7	86.9
Maintained licensure/registration in specialty:					
yes	97.6	99.4	98.8	14.6	56.6
Acquired new skills which would enhance your military performance:					
yes	35.3	35.6	54.7	46.8	56.3
Current health/ability to perform:					
good/excellent	84.1	79.8	80.6	92.6	92.7
If mobilized, reporting availability:					
5-9 days	11.5	10.3	15.4	41.1	28.8
10-19 days	10.8	13.6	20.3	20.9	25.3
20-30 days	40.3	42.9	33.3	28.5	38.5
not able to report	37.4	33.2	31.1	9.5	7.4
Qualify for mobilization exemption:					
hardship/dependency	22.1	21.7	20.2	3.8	4.5
medical disqualification	3.1	4.4	10.5	2.3	2.5
special mobilization criteria	2.9	2.2	0.7	1.1	1.5
other	14.4	7.6	9.3	8.4	4.7
do not qualify for exemption	57.1	63.8	59.1	84.1	86.6
Last physical exam within					
1-2 years	48.8	56.9	56.7	56.8	57.8
3-4 years	31.1	23.8	28.4	30.9	31.6
over 4 years	20.1	19.3	14.9	12.3	10.7
Times in last 4 years talked to PMO/career counselor at ARPERCEN:					
0	57.7	30.8	41.3	24.0	18.2
1-2	22.0	28.5	29.2	22.1	20.5
3 or more	20.3	40.7	29.5	53.9	61.3
Times in last 4 years participated in military/medical training:					
0	53.2	44.6	43.4	29.8	26.5
1 or more	46.8	55.4	56.6	70.2	73.5
How valuable was training to skills:					
very valuable/valuable	78.9	87.1	83.7	91.9	93.9

Table 3
Retiree Recall Survey (Percent Responses) by Rank

	Officer (3414)	Enlisted (6084)
Retired/separated from military within last 5 years:		
yes	47.6	25.1
receiving military retirement pay:		
yes	78.8	91.5
Skills necessary for civilian job:		
same as AMEDD specialty	43.9	15.4
different from AMEDD spec	28.0	23.4
related	28.1	61.2
Ability to perform military specialty:		
profic/most proficient	77.0	65.2
Recall position (hip pocket orders):		
yes	73.9	75.0
Perform medical duties without a train-up period:		
yes	75.7	65.5
Maintained licensure/registration in specialty:		
yes	55.7	19.5
Acquired new skills which would enhance your military performance:		
yes	16.1	16.0
Current health/ability to perform:		
good/excellent	80.1	65.9
If mobilized, reporting availability:		
5-9 days	26.5	35.7
10-19 days	22.8	23.2
20-30 days	40.8	31.8
not able to report	9.8	9.4
Qualify for mobilization exemption:		
hardship/dependency	4.1	3.4
medical disqualification	6.8	13.9
special mobilization criteria	1.0	1.9
other	6.7	8.8
do not qualify for exemption	81.4	72.0

Table 4
Retiree Recall Survey (Percent Responses) by Specialty

	MC (251)	DC (206)	NC (216)	Admn MSC (850)	Prvd MSC (296)
Retired/separated from military within last 5 years:					
yes	11.3	6.1	11.6	42.0	14.5
receiving military retirement pay:					
yes	13.0	11.2	10.7	33.5	12.6
Skills necessary for civilian job:					
same as AMEDD specialty	61.9	74.2	37.1	20.3	49.8
different from AMEDD spec	10.5	7.4	23.3	51.1	18.0
related	27.6	18.4	39.6	28.7	32.2
Ability to perform military specialty:					
profic/most proficient	75.7	86.3	68.7	80.7	85.3
Recall position (hip pocket orders):					
yes	67.2	77.6	81.0	71.6	65.9
Perform medical duties without a train-up period:					
yes	79.0	85.7	65.6	76.1	84.7
Maintained licensure/registration in specialty:					
yes	92.8	87.3	91.6	82.0	58.5
Acquired new skills which would enhance your military performance:					
yes	14.5	12.7	19.2	13.1	18.5
Current health/ability to perform:					
good/excellent	75.9	82.4	69.6	87.2	84.7
If mobilized, reporting availability:					
5-9 days	17.9	20.3	22.8	34.2	24.2
10-19 days	18.3	17.3	23.8	24.3	21.1
20-30 days	48.4	50.0	36.9	36.0	47.8
not able to report	15.4	12.4	16.5	5.5	6.9
Qualify for mobilization exemption:					
hardship/dependency	9.9	6.3	6.0	1.5	1.6
medical disqualification	8.3	7.2	11.1	5.2	5.7
special mobilization criteria	1.5	1.4	1.3	0.4	0.0
other	8.7	6.3	11.1	4.2	6.7
do not qualify for exemption	71.3	78.6	70.3	88.4	85.8